



DO NOT SEND

DR 7119 (05/08/18)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0009
Colorado.gov/Tax

IFTA Registration Application Instructions

Who Must Register:

Any person who is based in a member jurisdiction and operates a qualified motor vehicle(s) in two or more member jurisdictions is required to obtain an IFTA license unless leased on with another carrier that will include your activity on their account. They will need to supply you with decals and a copy of their license.

Where To Register:

IFTA applicants must register in their base jurisdiction. Base jurisdiction means where your qualified motor vehicles are based for vehicle registration purposes and where the operational control and operational records are maintained. If you have qualified motor vehicles registered in two or more jurisdictions, you may consolidate your fleets for IFTA licensing in one jurisdiction upon approval by the IFTA jurisdictions involved.

Application Information:

A completed application is required. Failure to provide all requested information will result in your application being denied.

Applicant agrees to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that base jurisdiction may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member jurisdictions.

The principal place of business is where you transact your business and maintain operational records.

The mailing address is where your IFTA license, decals, tax returns and any other reporting information is mailed.

For more information, please visit the Department's Web site at www.TaxColorado.com and view the FYI 8 "International Fuel Tax Agreement" (IFTA) and FYI 10 "IRP and IFTA Record Keeping Requirements".



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International Fuel Tax Agreement (IFTA) Registration

Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (please specify) Specify Other				
Last Name or Business Name		First Name		Middle Initial
Trade Name/Doing Business As (if applicable)			FEIN/SSN	
Address of Principal Place of Business		City		State Zip
County		City limits in which business is located (if applicable)		Telephone
Mailing Address (if different from above)		City		State Zip
(1) Owner, Partner or Corporate Name-Last Name		First Name		Middle Initial SSN (FEIN if applicable)
Address (residence or P.O. Box)		City		State Zip Telephone
(2) Owner, Partner or Corporate Name-Last Name		First Name		Middle Initial SSN (FEIN if applicable)
Address (residence or P.O. Box)		City		State Zip Telephone
1. Were you previously IFTA licensed in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Jurisdiction		Year (YYYY)
2. Have you had an IFTA license revoked or cancelled by another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Jurisdiction		Year (YYYY)
3. In what state do you register your IFTA qualified motor vehicles under the IRP?		State		Year (YYYY)
4. Do you have bulk fuel storage facilities? If yes, provide location of each facility (Attach list if necessary)			<input type="checkbox"/> Yes <input type="checkbox"/> No	US DOT Number
5. Check the type of fuel(s) used in your qualified motor vehicles <input type="checkbox"/> 1. Diesel <input type="checkbox"/> 2. LPG <input type="checkbox"/> 3. Gasoline <input type="checkbox"/> 4. Gasohol <input type="checkbox"/> 5. LNG <input type="checkbox"/> 6. CNG <input type="checkbox"/> 7. Ethanol <input type="checkbox"/> 8. Methanol <input type="checkbox"/> 9. E-85 <input type="checkbox"/> 10. M-85 <input type="checkbox"/> 11. A55 <input type="checkbox"/> 12. Biodiesel <input type="checkbox"/> 13. Electricity <input type="checkbox"/> 14. Hydrogen			Requested Effective Date (MM/DD/YY)	
			License period is through December 31st; auto renewed unless requested closed or out of compliance.	
			Registration Number	
Number of IFTA decals required by licensee (1 set per vehicle)			Number of decals issued	



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Last Name or Business Name		FEIN/SSN																																																																	
<p align="center">"X" the jurisdictions in which you travel</p> <p>US Jurisdictions</p> <table><tr><td><input type="checkbox"/> AL - Alabama</td><td><input type="checkbox"/> GA - Georgia</td><td><input type="checkbox"/> MA - Massachusetts</td><td><input type="checkbox"/> NM - New Mexico</td><td><input type="checkbox"/> SD - South Dakota</td></tr><tr><td><input type="checkbox"/> AK - Alaska</td><td><input type="checkbox"/> ID - Idaho</td><td><input type="checkbox"/> MI - Michigan</td><td><input type="checkbox"/> NY - New York</td><td><input type="checkbox"/> TN - Tennessee</td></tr><tr><td><input type="checkbox"/> AZ - Arizona</td><td><input type="checkbox"/> IL - Illinois</td><td><input type="checkbox"/> MN - Minnesota</td><td><input type="checkbox"/> NC - North Carolina</td><td><input type="checkbox"/> TX - Texas</td></tr><tr><td><input type="checkbox"/> AR - Arkansas</td><td><input type="checkbox"/> IN - Indiana</td><td><input type="checkbox"/> MS - Mississippi</td><td><input type="checkbox"/> ND - 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<p>I declare under penalty of perjury in the second degree that the statements made in this application are true, accurate and complete to the best of my knowledge.</p>																																																																			
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